

Case Number:	CM14-0030365		
Date Assigned:	03/19/2014	Date of Injury:	05/13/2002
Decision Date:	04/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [REDACTED] and has submitted a claim for neck and back pain with an industrial injury date of May 13, 2002. Treatment to date has included medications, epidural injection, physical therapy, psychotropic drugs, and psychotherapy. Chiropractic treatment was also done, which was reported to provide benefit. Thoracic fusion surgery was also recommended but the patient did not undergo this procedure due to unknown reasons. Utilization review from February 13, 2014 denied the request for [REDACTED] evaluation but certified the request for admission to an inpatient detox program for four days and OP Detox by [REDACTED] for 10 days. Medical records from 2008 through 2014 were reviewed showing the patient suffering from lumbosacral intervertebral disk degeneration with a compounded psychiatric condition. The patient also has significant substance abuse and addiction problems which include significant aberrant behaviors associated with opioids. The major concern for this patient is the chronic danger to himself due to psychiatric problems. The functional status of the patient leading into the utilization review and beyond was not assessed specifically in the documentation made available.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

[REDACTED] **EVALUATION:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, (Effective July 18, 2009) Page(s): 32.

Decision rationale: As stated on page 32 of the California MTUS chronic pain medical treatment guidelines, chronic pain programs may be used given that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate for surgery; the patient exhibits motivation to change and is willing to forego secondary gains; and negative predictors have been addressed. In this case, the patient has had a significant course of treatment but the functional status of the patient remains unclear given the most recent progress notes. There has not been a reevaluation from a surgeon concerning the patient's potential candidacy for surgery. With significant psychiatric problems, motivation to succeed in this program has not been addressed. Negative factors have not been addressed in any of the progress notes; the date of injury is well over a decade old - an indicator for a decreased success rate for the program. The patient does not fulfill the criteria for functional restoration program given the progress notes in the documentation. Therefore, the request for [REDACTED] Evaluation is not medically necessary.